FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	Oi	ORGANIZATION						
		(See instructions	5)			Office	use only	
1. NAME OF COMMITTEE (i		Check if name changed)	Exam over t	ple: If typying, type he lines	12FE	1M5		
Sabre Inc. Po	olitical Action Comm	nittee						ш
ADDRESS (number an	1250 C	onnecticut Ave	nue NV	<u>, , , , , , , , , , , , , , , , , , , </u>	1111			
(Check if addre	Suite.8				DC DC		20036 _ [
		(CITY		STATE	_	ZIP CODE	•
COMMITTEE'S E-M (Check if addre is changed)	AIL ADDRESS (Please p	rovide only one e-m pac@sabre.com		ss)				
COMMITTEE'S WEI	B PAGE ADDRESS (URI	_)						
(Check if addre	ess LIII							
2. DATE M	M / D D / Y 23	^Y 2 0 0 9 ^Y						
3. FEC IDENTIFIC	CATION NUMBER	C	C003	325811				
4. IS THIS STATE	MENT NEW (N) OR	X	AMENDED (A)				
I certify that I have example	mined this Statement and to	the best of my knowl	edge and	I belief it is true, correct	and complete	}		
Type or Print Name of	of Treasurer Br	uce Charendoff						
Signature of Treasure	er Electronically Filed	oy Bruce Char	endoff		Date	1 1 /	23 / Y	2009
NOTE: Submission of	false, erroneous, or incomp			e person signing this S			2 U.S.C. §437g.	
Office Use Only				For further informatic Federal Election Comn Toll Free 800-424-953 Local 202-694-1100	nission		EC FORN	